PTO/SB:01 /08-03)

Approved for use through 07/3 1/2008. CMB 0851-0032 U.S. Petent and Tradament Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unions is contains a valid QMB control of onese inder the Paperwork Reduction Act of 1995, no persons are required to response 3G-001US(PAR) DECLARATION FOR UTILITY OR First Named Inventor Howard F. FIDEL DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Deglaration Deciaration **~** Submitted after initial OB Art Unit Submitted Filing (curcharge With Initial (37 CFR 1.16 (al) Fling Examiner Name required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below rext to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ULTRASONIC IMAGING DEVICE, SYSTEM AND METHOD OF USE (Tide of the Invention) the specification of which e stiached hereto OR as United States Application Number or PCT International was filed on (MM/DD/YYYY) (if applicable). and was amended on (MM/DD/YYYY) Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the dalms, as amended by any amendment specifically reterred to above. I admowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58, including for continuation-in-pert applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. Thereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Foreign Filing Date Certified Copy Attached? Priority Prior Foreign Application (MM/DDYYTY) Not Claimed Country Number(s) U.S. 01/23/2003 Provisional Patent Application Serial No. 60/442,034 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[P8ge 1 of 2]

This adjustion of information is required by 35 U.S.C. 115 app 37 CFR 1.63. The information is required to obtain an retain a benefit by the public which is to file (and by the USPTO to process) an application. Certificativity is governed by 35 U.S.C. 125 and 37 CFR 1.14. This observed is estimated to take £1 minutes to complete, including parenting, properties as extenting in a completed application term to the USPTO. The will very depending upon the individual tasts, any commence on the amount of time you require to complete this farm analysis agreement for reducing this burden, should be sent to the Charlest Information Officer, U.S. Petent and Tredemark Office, U.S. Department of Commence, P.O. 801 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-900-PTO-9198 and select option 2.

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DECLARATION — Utility or Design Patent Application

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Direct all correspondence to:	Custome	r Number:		OR V	Corresp	pondenco acidress below		
Name		<del></del>						
David Aker								
Address 23 Southern Road								
City	ity State ZIP							
Hartedal <b>e</b>	10220							
Country		Telaphone		Fax				
USA		(914) 574-1094		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	74-1094			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful talse statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST IN	VENTOR:			en filed for this	s unsign	od inventor		
Given Name (first and migdle [if any])	Given Name			family Name or Surname Fi	oe)			
	2 10 10 10	7				Date		
Signature	inventors							
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irvington .	Visit			USA United		States of America		
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1 Invingtor	New York		10533		USA			
NAME OF SECOND INVENTO	R:		☐ Ap	etition has bed	n filad t	or this unsigned inventor		
Given Name (first and middle [if any]) Rauf F								
Invertior's Signature Date 1-23-09								
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Fort Lea	New Jersey		USA		United States of America			
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City	State		ZIP		Country			
Fort Lee	New Tersey		Q7 <b>Q2</b> 4		USA			
Additional inventors or a legal re	gresentative are be	sing named on the	ne iElrámelaque	58(6) PTO/56/02/	or 02LR	attached hereic.		

[Pege 2 of 2]

Telephone 201-825-3/16

PTO/SB/81 (09-03)
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Application Number

POWER OF ATTORNEY	Filing Date	
_	First Named Inventor	Howard F. FIDEL
and	Title	
CORRESPONDENCE ADDRESS	Art Unit	
INDICATION FORM	Examiner Name	
	Attorney Docket Number	3G-001US(PAR)
I hereby appoint:		
Thereby appoint.		
Practitioners associated with the Customer Number:		
OR		
Practitioner(s) named baldw:		
Name	R	egistration Number
Hams		
David Aker		29,277
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Trademark Office connected therewith.  Please recognize or change the correspondence address for  The address associated with the above-mentioned	•	
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The address associated with Customer Number:		
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City	State	Zip
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Applicant/Invéritor.		
Applicativityetitor.		
Assignee of record of the entire interest. See 37 CF Statement under 37 CFR 3.73(h) is enclosed. (Form	R 3.71.	

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Tradsmark Office, U.S. Department of Commerce, P.O. Box 1450, Alaxandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

SIGNATURE of Applicant or Assignee of Record

Name Signature

Date

/22/05

forms if more than one signature is required, see below\*.

forms are submitted.

PTC/SB/61 (09-03)

Approved for use through 11/30/2005. OMB 0651-0036

U.S. Patent and Tracemark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and  CORRESPONDENCE ADDRESS INDICATION FORM  Title  AT Unit  Examiner Name Attorney Docket Number  OR  Practitioners associated with the Customer Number.  OR  Practitioner(s) named below.  Name  Registration Number  29,277  Set my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognite or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  Pirm or Individual Name  Address  City  Courty  Telephone  Fax  I amithe:  Applicant/Inventor.  Applicant/Inventor.	And CORRESPONDENCE ADDRESS INDICATION FORM  Title  ATURIT  Examiner Name  Attorney Docker Number 3G-001US(PAR)  Thereby appoint:  Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name  Name  Registration Number  29.277  Be my/our entomey(e) or agent(e) to procedute the application identified above, and to transact all business in the United States Patent and Trademark Critica connected therewith:  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-manifoned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Courty  Telephone  Fax  Ingrithe  Assignee of record of the entire interest. See 37 CFR 3.71.  Stefament under 37 CFR 3.73(b) is enclosed (Form PTO/SibBe)  Signature  Reul F Cortical  Reul F Cortical  Reul F Cortical  Tall The Signature  Name  Reul F Cortical  Reur F Cortical  Reul F Cortical  Tall The Signature  Signature  First Named Inventor  Reund F Reul F Cortical  Tall The Country  Country  Reund F Cortical  Tall The Country  Reund F Cortical  Tall The Country  Signature  Reul F Cortical  Tall The Country  Reund F Cortical  Tall The Country  Reund F Cortical  Tall The Country  Signature  Signature  Tall F Cortical  Tall The Country  Tall Funds  Tall F Cortical  Tall The Country  Tall F Cortical  Tall The Country  Tall F Cortical  Tall The Country  Tall The Cou				Application	Number			
CORRESPONDENCE ADDRESS INDICATION FORM  First Name   Raul F Gullarraz    Art Unit   Examiner Name    Attorney Docket Number   3G-001US[PAR]    Thereby appoint:  Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name   Registration Number    David Aker   29,277    Se my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Plasae recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name   Address   Address   City   State   Zip   Courtry   Telephone   Fax    I am the:  Applicant/inventor.	CORRESPONDENCE ADDRESS INDICATION FORM    First Name   Name	an CORRESPONDE		_	Filing Date				
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INDICATION FORM    Examiner Name	INDICATION FORM    Examiner Name			· · · · · · · · · · · · · · · · · · ·		·	1,400	Cartoline	
Atomey Docket Number 3G-001US(PAR)  Thereby appoint:  Practitioners associated with the Customer Number:  OR  Name Registration Number  David Aker 29,277  as my/our attorney(e) or agent(e) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  Firm or Individual Name Address Address Address Address City Courtry Telephone Fax    Ism the:  Applicant/Inventor.	Attorney appoint:  Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name  Registration Number  29.277  Barrier Name  Practitioner(s) named below:  Name  Registration Number  29.277  Partitioner(s) named below:  Name  Registration Number  29.277  Barrier Name  Registration Number  29.277  Partitioner(s) named below:  Name  Registration Number  29.277  Barrier Name  29.277  Please recognize or change the correspondence address for the ebove-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  Fax  Ingrith:  Applicant/inventor:  Assignee of record of the entire interest. See 37 CFR 3.71.  Steforment under 37 CFR 3.73(8) is enciseed (Form PTO/Siz/8)  SIGNATURE of Applicant or Assignee of Record  Name  Raul F Gettims  SIGNATURE of Applicant or Assignee of Record				Art Unit		·		
Attorney Docket Number 3G-001US(PAR)  Thereby appoint:  Practitioners associated with the Customer Number:  OR  Name Registration Number  David Alter 29.277  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Plasse recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name Address Address Address City Courtry Telephone Fax  I am the:  Applicant/Inventor.	Attorney Docket Number 3G-001US(PAR)  Thereby appoint:  Practitioners associated with the Customer Number:  OR  Name Registration Number  David Aker 29.277  By Practitioner(s) named below:  Name Registration Number 29.277  David Aker 29.277  By Practitioner(s) named below:  Name Registration Number 29.277  David Aker 29.277  Trademark Office connected therewith  Trademark Office connected therewith  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name Address  Address  Oth  Courty  Telephone Fax  State  Assigned of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB48)  SIGNATURE of Applicant or Assignes of Record  Name Raul F Gutffrid  Signature  Raul F Gutffrid  Name Raul F Gutffrid  Signature			ON FORM	Examiner N	ame			
Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  Name Registration Number  David Aker 29.277  Be my/our attorney(e) or agent(s) to procedute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  Firm or Individual Name  Address  Address  Address  Address  Address  Address  Address  Applicant/Inventor.	Thereby appoint:  Practitioners associated with the Customer Number.  OR  V Practitioner(s) named below.  Name  Registration Number  David Alter  29.277  David Alter  29.277  Please recognize or change the correspondence address for the ebove-identified application to:  The address associated with the ebove-manifiened Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Fax    State   Zip    Country  Telephone   Fax    I am th:  Assignee of record of the entire interced. See 37 CFR 3.71.  Assignee of record of the entire interced. See 37 CFR 3.71.  Signature  Name   Raul F GetSrifts    SigNaTure of Applicant or Assignee of Record  Name   Raul F GetSrifts    SigNaTure of Applicant or Assignee of Record	(			1 '		per 3G-00	HIS/DAD	
Practitioners associated with the Customer Number.  OR  Practitioner(s) named below:  Name Registration Number  David Aker 29,277  Be my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Oity  Country  Telephone  Fax  Iam the:  Applicant/Inventor.	Practitioners associated with the Customer Number.  OR  Name  Registration Number  David Alter  29,277  se my/our enterney(e) or agent(e) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or individual Name  Address				-1		1 30-00	יום טני אוני	
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David Aker 29.277  as my/our attorney(e) or agent(e) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  Tetephone  Fax  Iam the:  Applicant/Inventor.	David Alter 29.277  as my/our attorney(e) or agent(e) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-manitioned Customer Number:  OR  The address associated with Customer Number:  OR  Individual Name  Address  City  Gourtry  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Stefement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/86)  Signature  Raul F Cuttiffrez  Signature	Pra	ctitioner(s) named be	wok:					
as my/our attorney(a) or agent(a) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Gity  Gustomer Number:  Country  Telephone  Fax  Applicant/inventor.	as my/our attorney(e) or agent(e) to prosecute the application identified above, and to transact all business in the United States Patcht and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  Fax  Tam the:  Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB96)  SIGNATURE of Applicant or Assignee of Record  Name  Raul F GutStreez  Signature			Name			Registratio	n Number	
as my/our attorney(a) or agent(a) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Gity  Gustomer Number:  Country  Telephone  Fax  Applicant/inventor.	as my/our attorney(e) or agent(e) to prosecute the application identified above, and to transact all business in the United States Patcht and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  Fax  Tam the:  Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB96)  SIGNATURE of Applicant or Assignee of Record  Name  Raul F GutStreez  Signature						· · · · · · · · · · · · · · · · · · ·		
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City State Zip   Country  Telephone Fax  Applicant/Inventor.	Plase recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Signature  Signature  Raul F Cutterrez  Signature		David Aker				29.2	77	
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City State Zip   Country  Telephone Fax  Applicant/Inventor.	Plase recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Signature  Signature  Raul F Cutterrez  Signature	<u> </u>		·					
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City State Zip   Country  Telephone Fax  Applicant/Inventor.	Plase recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Signature  Signature  Raul F Cutterrez  Signature								
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City State Zip   Country  Telephone Fax  Applicant/Inventor.	Plase recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Signature  Signature  Raul F Cutterrez  Signature								
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  Fax  I am the:  Applicant/Inventor	Plaase recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mantiened Customer Number:  OR  Firm or Individual Name  Address  Address  City  Courtry  Telephone  Fax  I am the:  Abplicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98)  SIGNATURE of Applicant or Assignee of Record  Name  Raul F Guttarrez  Signature	es mylour	attorney(e) or agent(	s) to prosecute the application i	dentified above	and to tran	eact all busines	s in the Uni	ted States Patent and
The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  Fax  Applicant/Inventor.	The address associated with the above-mentioned Customer Number:  OR  The address associated with Customer Number:  OR  Firm or Individual Name Address Address  Address  City  Courtry  Telephone Fax  Immthe:  Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name Reul F Curtarrez  Signature	Trademan	Coffice connected the	e newkith.					
OR  The address associated with Customer Number:  OR  Firm or individual Name  Address  Address  City  Country  Telephone  Fax  Applicant/inventor	The address associated with Customer Number:  OR  Firm or Individual Name Address Address City Courtry Telephone Fax  I am the:  Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTC/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name Reul F Cutterrez  Signature						ion to:		
The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  Fax  I am the:  Applicant/Inventor	The address associated with Customer Number:  OR  Firm or Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name Raul F Cutterrez  Signature			_					
Firm or individual Name  Address Address City State Zip Country Telephone Fax  amthe: Applicant/inventor	Firm or individual Name  Address Address City Country Telephone Fax    am the:   Applicant/Inventor   Assignee of record of the entire interest. See 37 CFR 3.71.   Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)    Signature   Raul F Gutterrez								
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